JUN 2 1 2005

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Date: June 21, 2005

Pages: 30 (including this page)

From: Cynthia K. Nicholson

To: USPTO

Fax No.: 703-872-9306

Subject:

Amendment

Comments:

Applicant: Lee	Serial No.: 09/460,806
Filing Date: 12/15/1999	Atty Dkt.: 113708.123

Title: FEE TRANSACTION SYSTEM AND METHOD FOR INTELLECTUAL PROPERTY ACQUISITION AND/OR MAINTENANCE

Attached please find:

RECEIVED OIPE/IAP

(1) Transmittal form;

(2) Petition for Extension of Time (2 months);

(3) Fee Transmittal form; and

(4) 26-page Amendment

JUN 2 2 2005

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RECEIVED OIPE/IAP

JUN 2 2 2003

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		Application Number	icetton Number 09/460,806					
TRANSMITTAL		Filing Date	12/15	12/15/1999				
	FORM		First Named Inventor	Lee	Lee			
			Art Unit	3629	3629			
(to be used for all correspondence after initial filing)		Examiner Name	Jonal	Jonathan P. Ouelette				
Total Number of Pages in This Submission			Attorney Docket Number	113708.123				
		ENC	LOSURES (Check all th	at sonh	,)			
☑ Fee Trens	mittal Form		Drawing(s)			After A	Nowance communication to (TC)	
☐ Fee	Attached		Licensing-related Papers				Communication to Board of	
☑ Amendme	nendment / Reply		Petition			Appea	s and interferences I Communication to TC Notice, Brief, Reply Brief)	
☑ Afte	☑ After Final		Petition to Convert to a Provisional Application			Propri	etery Information	
☐ Affic	Affidavits/declaration(s)		Power of Attorney, Revocation Change of Correspondence At	Power of Attorney, Revocation		Status	Letter	
Extension of Time Request			Terminal Disclaimer			Other below)	Encioeure(s) (piesse identify :	
Express Abandonment Request		Request for Refund						
☐ Information Disclosure Statement ☐			CD, Number of CD(s)					
Certified Copy of Priority			Landscape Table on CD			٠.		
Document	• •	Ren	narks		<u>.</u>		<u> </u>	
Reply to Missing Parts/ Incomplete Application								
	to Missing Parts under R 1.52 or 1.53							
	SIG	NATUR	E OF APPLICANT, ATTORN	EY, OR	AGENT	-	· · · · · · · · · · · · · · · · · · ·	
Firm Name Possz Lays Group, BEQ ()								
Signature (motion //)								
Printed name Cynthia K. Nichelson						·		
Date	21 June 2005		Reg. No. 36,860					
<u></u>	CERTIFICATE OF TRANSMISSION/MAILING							
I hereby certify that this correspondence is being faceimile transmitted to the USPTO or deposited with the United States Postal Service with aufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.								
Signature	(inti)	Mal	L					
Typed or printed name Oynthia K. Nicholson				Date	21 June 2006			

See oursuent to the Cons	olidated Appr	portetions Ad	t. 2005 (H.R. 48	18). Angliga	9on Number	09/460,806		
FEE TRANSMITTAL				E85 C4		12/14/1999		
				First Na	med Inventor	Lee		
	r FY				er Name	Jonathan P	. Oulette	
Applicant Claims am	all entity sta	tua. See 3	7 CFR 1.27	Art Uni	t	3629		
TOTAL AMOUNT OF PAYM	ENT	(\$) 225		Attorney	Docket No.	113708.123		
METHOD OF PAYMENT (d	eck all that a	pply)						
Check None			sase identify):					
Deposit Account Deposit Account Number 50-1147 Deposit Account Name: Post Law Group, PLC For the above identified deposit account, the Director is hereby suffrontized to: (check all that apply) Charge fee(a) indicated below								
Charge any under 37 CF	additional fee R 1.16 and 1	(2) or under 1.17	payments of fac	(a) 2 7 (Credit any overp	eyments		
FEE CALCULATION								
1. BASIC FILING, SEARCH	FILING FE	E 8	SEARCH	i FEES Small Entity	EXAMINAT	ION FEES mail Entity		
Application Type		mell Entity Fee (\$)		Fee (\$)	Fee (\$)	Fee (5)	Face Palti (8)	
Utility	300	150	500	250	200 .	100	\$	
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	160	80	0	0	0	0		
2. EXCESS CLAIM FEES Fee Description Each daim over 20 or, for Re	James and	dalm aver 2	O and mare their	in the oddinal saf	ent ·		Small Entity Fee (\$) Fee (\$) 60 25	
Each independent claim over	r 3 or, for Rei	paues, each	independent de	im more then in th	e original patent		200 100 360 180	
Multiple dependent daims Total Claims	Egira Claims		(00 (5)	Fee Pold (\$)		Multiple Dependent		
- 20 or HIP = HIP = Nighest number of total claim		X Then 20						
inden Cisims	Edra Claim	t E	(5)	Fee Poid (5)				
HP = highest number of independ	tent delma pelo	liter, if greater i	han 3					
3. APPLICATION SIZE FEE If the apedification and drawle for each additional 50 a Total Sheets - 100 =	ngs exceed 1 theets or frac Extra Shr	ton thereof.	See 35 U.S.C. 4 Number of ea	11 (a)(1)(G) and 3 ch additional 60	7 CFR(7, 10(8).	\$ (\$ for email	Fee Pald (5)	
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other, Petition for Extension (2 months, small entity) 225								
SUBMITTED BY			7					
Signature	H.N	il L	Re	egistration No. nomey/Agent)	36,860	Teleph		
Name (Print/Type) Synt	hia K. Nicho	laon	. <u>. </u>			Date	21 June 2006	